

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400884334

Date Received:

08/13/2015

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10460
2. Name of Operator: HIGH PLAINS ENERGY LLC
3. Address: 4545 S MONACO STREET #116
City: DENVER State: CO Zip: 80237
4. Contact Name: Randy Wheat
Phone: (720) 480-7776
Fax: (720) 920-9087
Email: randy@highplainsenergyllc.com

5. API Number 05-121-11019-00
6. County: WASHINGTON
7. Well Name: State Hone
Well Number: 16-1
8. Location: QtrQtr: SWNW Section: 16 Township: 2S Range: 55W Meridian: 6
9. Field Name: HONE Field Code: 36950

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 4897 Bottom: 4899 No. Holes: 8 Hole size: 0.58

Provide a brief summary of the formation treatment: Open Hole: ☐

Perforate 4897'-4899
Dry
Set Bridge Plug at 4903

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Dry

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 4954 Bottom: 5032 No. Holes: 8 Hole size: 0.58
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Perforate 5030'-5032'
Swab 25 BBLs of 100% water
Set Bridge Plug at 5020'

Perforate 5007-5009'
Swab 230 BBLs 100% Water
Set Bridge Plug at 4980'

Perforate 4954'-4956'
Pump Test 99% Water
Set Bridge Plug at 4903'

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Formation WET

Date formation Abandoned: 03/21/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4903 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Randy Wheat
Title: Manager Date: 8/13/2015 Email: randy@highplainsenergyllc.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400884334	COMPLETED INTERVAL REPORT
400886434	WIRELINE JOB SUMMARY
400886435	WIRELINE JOB SUMMARY
400886436	WIRELINE JOB SUMMARY
400886494	FORM 5A SUBMITTED

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form was unapproved 9/21/2015 to correct D Sand perf intervals from 4954'-4956' to 4897'-4899' (verified by operator). Form reapproved 9/21/2015.	9/21/2015 9:22:10 AM
Permit	Operator uploaded bridge plug documentation. Per operator, corrected D Sand status from TA to SI.	8/19/2015 8:53:23 AM
Permit	No documents are attached to this form to document the plugs. Contacted operator. Returned to draft.	8/18/2015 4:10:11 PM
Permit	Contacted operator via phone 8/14/2015 to discuss corrections to Form 5A's submitted for this well. Returned to draft.	8/14/2015 9:32:43 AM

Total: 4 comment(s)